



**ASHA**  
American  
Speech-Language-Hearing  
Association

March 30, 2021

The Honorable Rachel Prusak  
Oregon House of Representatives  
House Committee on Health Care  
900 Court St. NE, S-215  
Salem, OR 97301

RE: ASHA Comments on Telemedicine/Telepractice; HB 2508

Dear Chairwoman Prusak:

On behalf of the American Speech-Language-Hearing Association, I write in support of House Bill 2508, which defines telemedicine and reimbursement under health benefit plans for services provided via telemedicine.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 2,100 ASHA members reside in Oregon.<sup>1</sup>

As the leading national organization for the certification and advancement of audiologists and speech-language pathologists (SLPs), ASHA supports the development and use of telemedicine or “telepractice.” ASHA maintains a collection of professional practice documents, including a position statement that defines telemedicine/telepractice as “the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation.”

These documents include a technical report and service delivery guidelines that may be accessed on ASHA’s website at <http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>.

ASHA strongly supports the use of telemedicine/telepractice and reimbursement of telemedicine/telepractice at the same level as in-person practice that is included in HB 2508.

During the pandemic, many practitioners have been unable to deliver in-person services due to the high risk of virus transmission. Fortunately, practitioners have been able to provide the same quality services via telemedicine/telepractice; however, practitioners continue to incur expenses related to their brick-and-mortar business, which they need to maintain for in-person services once the pandemic ends. Specialized equipment, computers, cameras, microphones, and other devices are necessary to provide services remotely that are not needed for in-person service provision.

Research demonstrates the equivalence of telemedicine/telepractice to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.<sup>2</sup> Studies have shown high levels of patient, clinician, and parent satisfaction supporting telemedicine/telepractice as an effective alternative to the in-person model for delivery of care.<sup>3</sup> Telemedicine/telepractice expands practitioners' availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient.

Despite proven benefits, telemedicine/telepractice remains underutilized within audiology and speech-pathology practices due to a lack of clear state laws governing its use or mandating appropriate reimbursement for services delivered. House Bill 2508 will maintain the ease of access to services via telemedicine/telepractice for patients in Oregon.

Thank you for your consideration of ASHA's position on HB 2508. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director, state association relations, at [ecrowe@asha.org](mailto:ecrowe@asha.org).

Sincerely,



A. Lynn Williams, PhD, CCC-SLP  
2021 ASHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (2020). *Oregon* [Quick Facts]. <https://www.asha.org/siteassets/uploadedfiles/Oregon-State-Flyer.pdf>.

<sup>2</sup> Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

<sup>3</sup> Ibid.